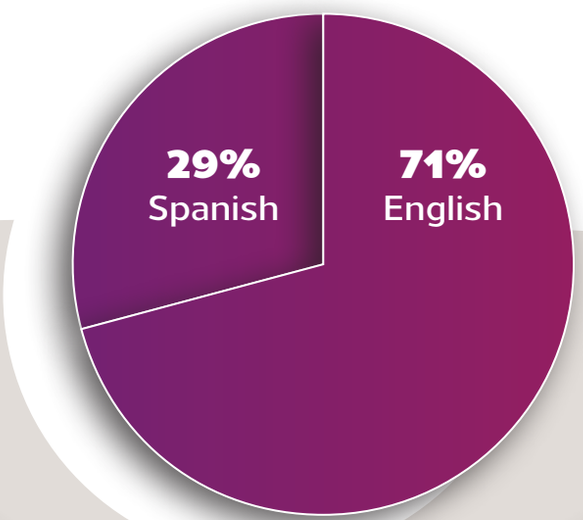
One Good CHOICE Today. . . Can CHANGE Your Tomorrow!

KERN HEALTH SYSTEMS

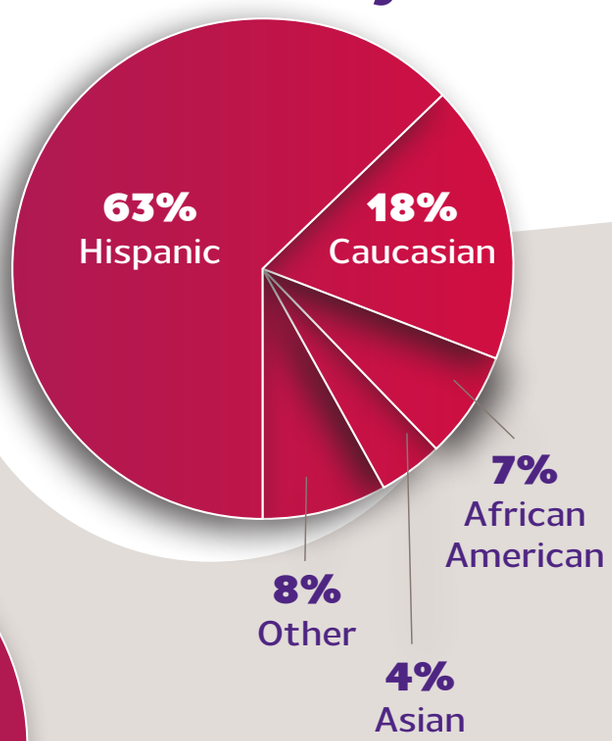
2019 Community Report

Members Served by Kern Family Health Care

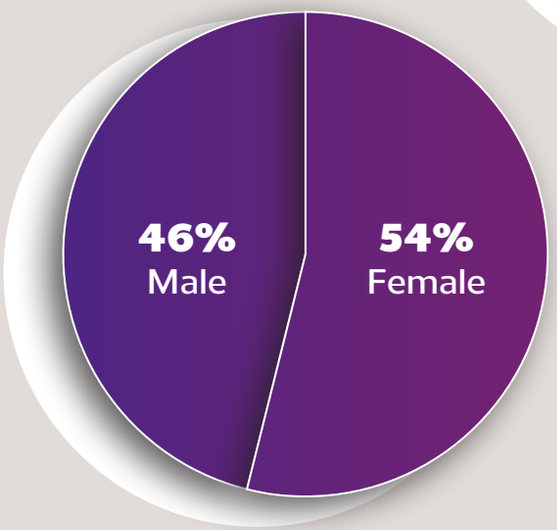
Language



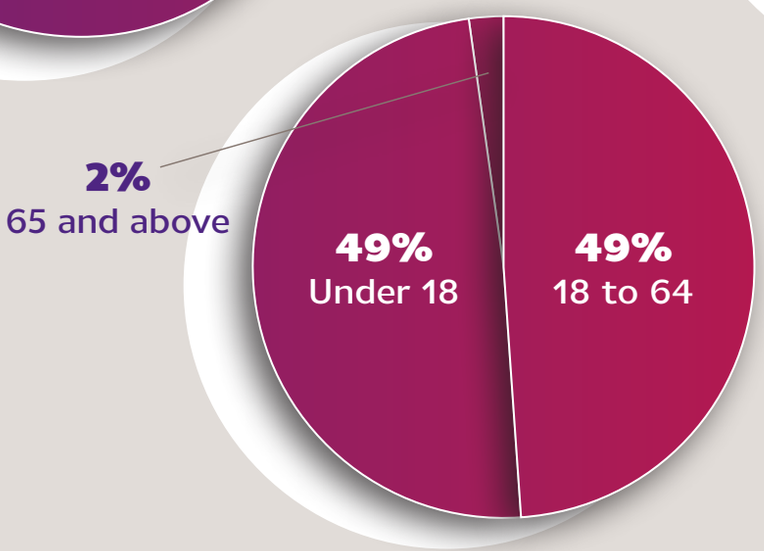
Ethnicity



Gender



Age



Total Membership: over 256,000

A Message from the Chairman and CEO

To Our Colleagues and Friends,

We are proud, once again, to share with you our latest Community Report.

Being based in Kern County, Kern Health Systems is uniquely positioned to understand the medical care needs of our Kern Family Health Care members and the impact living in Kern County has on their health status. The age, ethnic and cultural diversity of our membership requires a variety of approaches to address this need. With the cooperation of local physicians, community hospitals and other Kern County caregivers, Kern Health Systems is able to deliver high quality, personalized health care to our 256,000 enrollees. To maintain this objective requires Kern Health Systems to continue to improve our health care delivery system using new and innovative approaches.

The following pages showcase six specific approaches we collectively refer to as Population Health Management. Each Program addresses a unique medical or social condition or expands access to patient care in creative and innovative ways. As you will see in the next few pages, there is no one approach to delivering health care that works for everyone. Using a variety of ways, brings more flexibility to our health care system and more options for both the patient and their doctor so care can be provided in the right location at the right time.

Kern Health Systems will continue its legacy through our dedication to improve the health status of our members. Creating Population Health Management Programs like these, reinforces our belief that "One Good Choice Today. . . Can Change Your Tomorrow".

In good health,

Larry J. Rhoades
Chairman
Kern Health Systems Governing Board

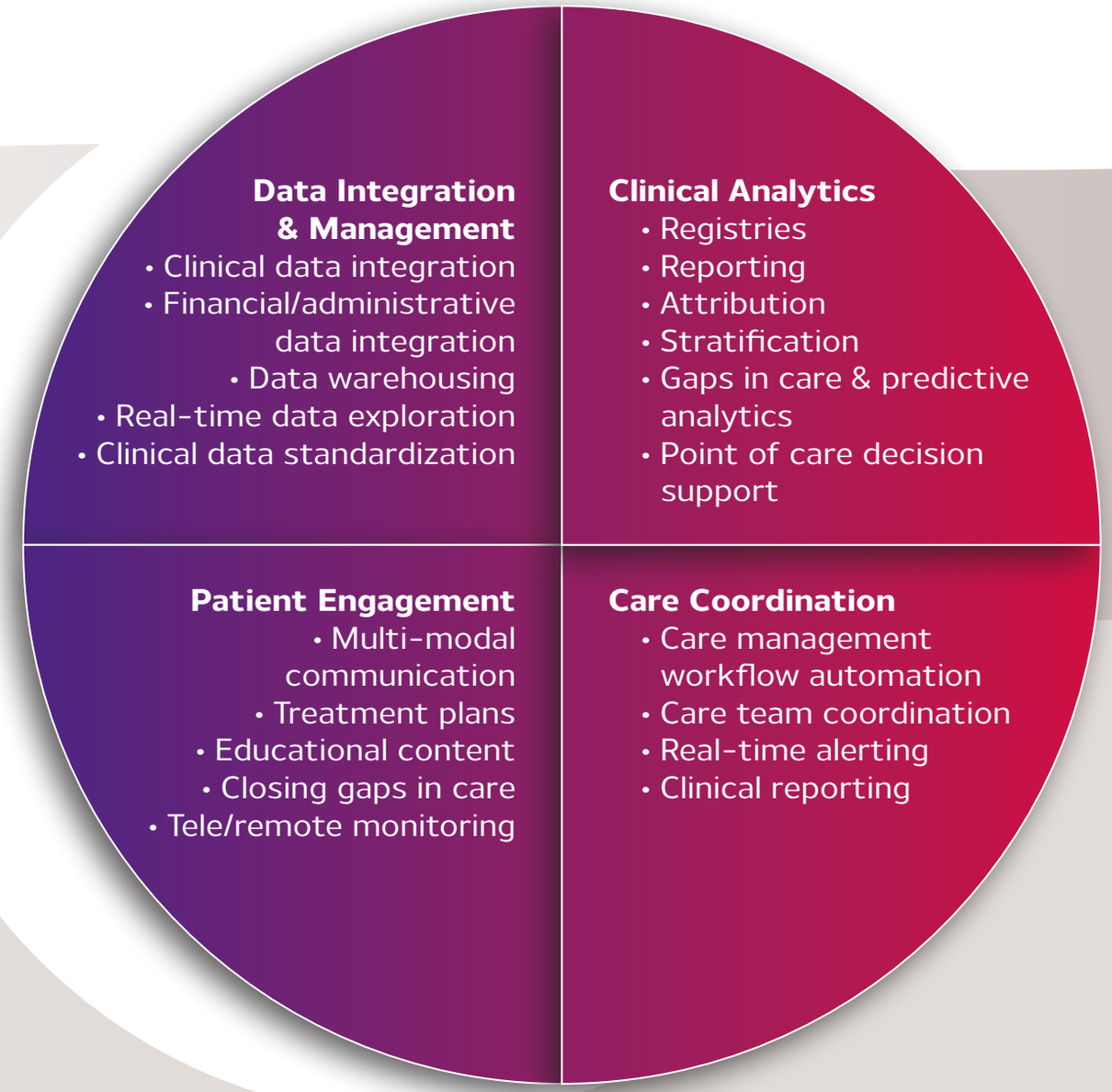
Douglas A. Hayward
Chief Executive Officer
Kern Health Systems

KHS Population Health Management Program

Population Health Management enables KHS to:

- Target the right resources to the patients who need it most
- Provide better access to care through alternative encounters, such as phone visits
- Improve the patient's experience of care
- Achieve better health outcomes by closing gaps in care
- Optimize team-based care and ensure all staff can work to the top of their skill and license
- Reduce emergency department use and hospital readmissions through coordinated care
- Stabilize or reduce health care costs

Critical elements for a successful Population Health Management Program



KHS Programs to Meet our Members' Needs

Transition of Care
- Enhanced member experience
- Evidence-based solutions

Medication Therapy Management Program
- Decreased chronic conditions
- Reduced hospital readmissions and costs

Health Homes Program
- Visionary – began 2 years before State mandate in July 2019
- Proactive

School Wellness Program
- Lasting change for our future
- Inspirational partnerships

Diabetic Prevention & Treatment Programs
- Community based pharmacists
- Improved member education

Telemedicine
- Innovation
- Improved member access to care


Kern Family™
Health Care

"At Priority Care Clinic, we emphasize the delivery of care for medical needs and psychiatric necessity. This dual approach helps patient's take back control over their lives, empowering them to continue forward. With this, we prevent many costly 'bounce-backs' at ER's and avoid readmissions. Giving care that is earned and deserved gives us great joy here at PCC!"

William E. Chamberlain IV, PA-C,
Centric Health

Transition of Care

Increasing numbers of Medi-Cal beneficiaries are living with five or more chronic conditions. Effective care management of this population is often complicated by several other health and social risk factors. Insufficient communication among providers and across health care settings, inadequate patient and caregiver education, poor continuity of care, and limited access to services are among the major factors contributing to negative quality and cost outcomes, resulting in a critical need to bridge the chasm between evidence-based practices and current approaches to care. The Transitional Care Model (TCM) is an evidence-based solution to these challenges. The TCM has consistently demonstrated improved quality and health outcomes for high-risk adults when compared to standard care in: reductions in preventable hospital readmissions for both primary and co-existing health conditions; improvements in health outcomes; and enhanced patient experience with care. Early and often interventions for 30 days post acute hospitalizations for care coordination demonstrates a clear reduction in re-admissions directly related to services provided in the Transitional Care Clinic, i.e. medication reconciliation, education of disease prognosis, and community resource access, to address both the physical and social determinants of health.

Medication Therapy Management Program

Studies have shown more than half the patients with an acute admission have more than one unintended medication discrepancy at the time of admission. By reviewing the medication report completed at admission, medications prescribed at discharge as well as a current prescribed medication report, unintended inconsistencies in medication regimens can be identified and corrected.

In an effort to improve quality of care, reduce readmissions and improve the overall health for our members, KHS partnered with a local Pharmacy to perform Medication Therapy Management (MTM) upon discharge from an acute admission to reconcile medications.

"Member's compliance with the prescribed medication regimens demonstrated a direct correlation to decreased utilization of services that were required to stabilize and improve chronic conditions while reducing overall health care costs."

~ Dr. Martha Tasinga,
Chief Medical Officer of Kern Health Systems

Health Homes Program

Patient Centered Medical Home (PCMH) or Health Home is a centralized location for care, aligning patients with physicians, pharmacy, specialists, behavioral and mental health services, and community support, all under one roof. Patients who qualify for the Program have been selected by Kern Health Systems based on their medical history and current needs. The patient is then assigned a care team that will help them manage their health with a personalized plan for care. When a patient is prescribed a medication, given an appointment to speak with a case worker, or any number of additional services, they will not have to leave the facility. This course of action not only improves patient outcomes, but cuts down on emergency room visits and improves the overall health and wellbeing of the individual.

"When you know you have a patient who doesn't have access to transportation, financial resources or even lunch that day, traveling to a pharmacy to fill a prescription or traveling across town to speak with a case worker is very low on their list of priorities."
Says Kern Medical CEO Russell Judd,
"At the PCMH we are handing them their medications, providing food baskets if there is a need, making sure they have transportation home, following up with them on a regular basis and ensuring their outcomes are better."

School Wellness Program

The Kern Health Systems School Wellness Program began during the 2015-2016 school year. To date, Kern Health Systems has partnered with #15 schools throughout Kern County and has invested a total of $491,000 into the program. These grant funded school wellness programs focus on activities to address physical activity, healthy eating, benefits of drinking water, outdoor safety and/or social and emotional learning among students and their families. Planned activities include: student programs, school gardens, walking/running challenges, fitness programs, teacher trainings, parent engagement and home visits. The awarded schools represent the Kern River Valley, Northern Kern, Southern Kern, Oildale and Bakersfield and provide educational services to children with special needs, children in the social justice system or children in a traditional school setting. If schools successfully meet their goals, most receive an end of year reward. Rewards include shaded play structures and benches, a meditation garden and greenhouse, relaxation stations, playground equipment, hydration stations and a rock climbing wall.

To assist the awarded schools with meeting their objectives, KHS also created a School Wellness Internship Program for college students or new college graduates. For the 2019-2020 school year, over 45 students applied to this internship program with degree concentrations focusing on health, child development, education, psychology, social medicine, public policy or business. 6 students have been selected to participate in this internship and will assist KHS and the awarded schools with implementation of the program activities during the 2019-2020 academic year. KHS invested an additional $100,000 to fund the school intern component of the school wellness program for the upcoming school year.

Linda Hinojosa, Health Services Director for Delano Union Elementary School District, said that "KHS has been instrumental helping to establish a culture of health. Students receive positive reinforcement for engaging in healthy life-long habits. Healthy school lunches and healthy activity means students are getting the nourishment and physical activity they need to power their minds and bodies to learn".

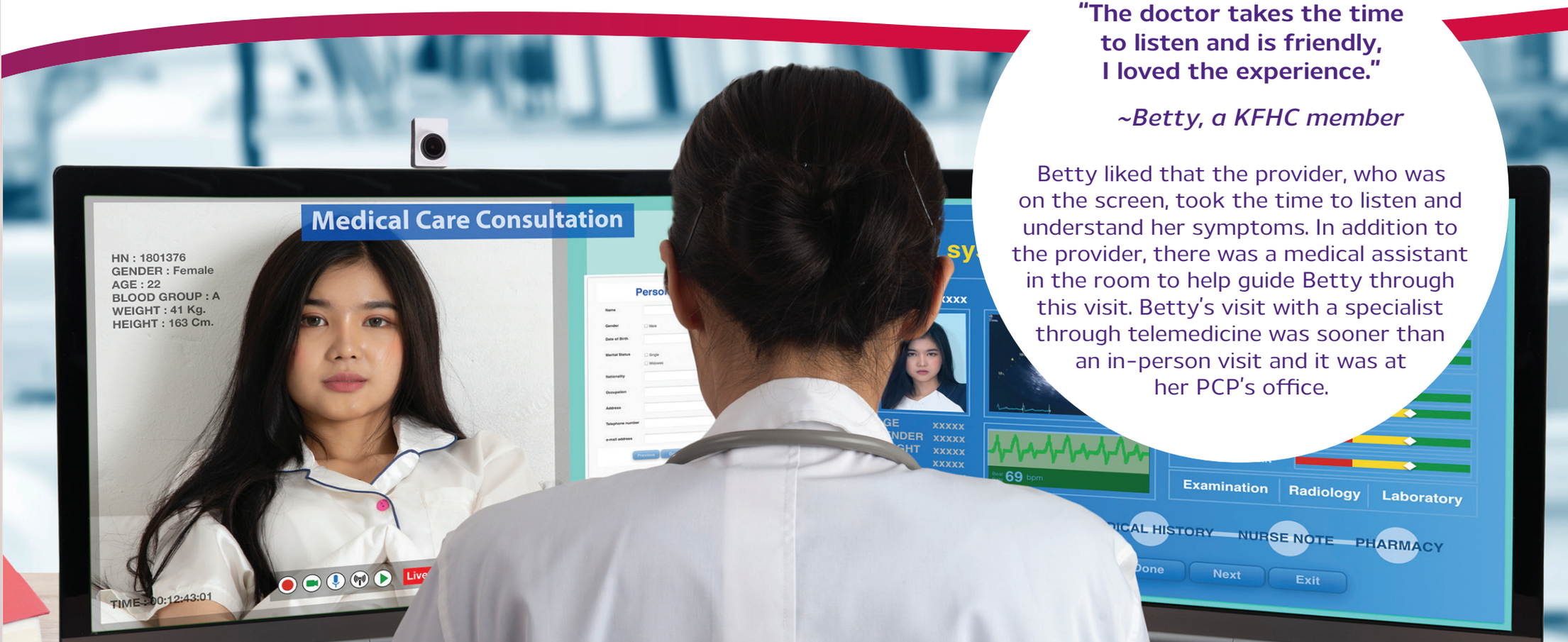
Diabetic Prevention & Treatment Programs

Improving diabetes outcomes is a challenge throughout the nation. Pharmacist-run demonstration programs have shown that community-based pharmacists can have significant impacts on diabetes outcomes including improved glycemic control, lower total health care costs, and increased patient satisfaction. Kern Medical introduced a clinically proven model which demonstrated improved member access to care, improved health quality metrics, and long-term reductions in avoidable health care utilization. Members whose diabetic care was managed by Kern Medical Pharmacists demonstrated reductions in Hemoglobin A1C (HBA1C) while exceeding National benchmarks for poorly controlled HBA1C. Additional Blood Pressure reduction were significantly reduced as well.

KHS created a Diabetic Prevention Program (DPP) as a benefit for adult members at risk for Diabetes. DPP is a lifestyle change program designed to prevent or delay Type 2 Diabetes. Members who have been told they have pre-diabetes or those at risk for diabetes qualify. The Program is composed of 26 one hour group sessions over 12 months using curriculum approved by the Centers for Disease Control and Prevention. Goals are to lose at least 5% of their starting weight and to get at least 150 minutes of physical activity each week.

Telemedicine

Telehealthdocs and KHS have partnered up to provide telemedicine services to Kern Family Health Care (KFHC) members. Telehealthdocs utilizes HIPAA compliant video conferencing technology which is a secure way for the patient to see the doctor through the internet. Even though the doctor is on the screen, patients receive the same care as a face-to-face appointment. With this partnership, KFHC members have improved access to specialty care as well as a wide range of health care services available. With telemedicine, patients in remote areas such as Taft, Lake Isabella and Delano do not have to travel very far to see their doctor. Patients simply go to the local Telehealthdocs clinic in their area to seek care. Current specialties include Psychiatry, Psychology, Endocrinology, Rheumatology, Neurology, Infectious Disease and more. Patients located in Bakersfield can see their specialty doctor at their downtown office located on the Mercy Hospital campus on Truxtun Avenue. In addition, most patients can usually see their specialty doctor within a two week period.



"The doctor takes the time to listen and is friendly, I loved the experience."

~Betty, a KFHC member

Betty liked that the provider, who was on the screen, took the time to listen and understand her symptoms. In addition to the provider, there was a medical assistant in the room to help guide Betty through this visit. Betty's visit with a specialist through telemedicine was sooner than an in-person visit and it was at her PCP's office.

KERN HEALTH SYSTEMS

Our Mission: Kern Health Systems is dedicated to improving the health status of our members through an integrated managed health care delivery system.

Kern Health Systems Governing Board

Kern Health Systems, the County Health Authority, is an independent public agency that governs Kern Family Health Care. The Board of Directors are appointed by the Kern County Board of Supervisors and has included major health care stakeholders; including physicians, safety-net providers, hospitals, pharmacies and community representatives. Board meetings are held every other month and are open to the public.

Larry Rhoades
Chairman
Community Representative, 3rd District

Timothy McGlew
Vice Chairman
Rural General Acute Care Hospital

Wayne L. Deats, Jr.
Treasurer
Community Representative, 4th District

Kimberly Hoffmann, PharmD, BCPP
Secretary
Pharmacist Representative

Russell Judd
Chief Executive Officer, Kern Medical

Cindy Stewart, LVN
Safety Net Provider

Philipp Melendez, MD
Traditional Medi-Cal Primary Care Physician
within the City of Bakersfield

Vijaykumar Patel, MD
Traditional Medi-Cal Primary Care Physician
outside the City of Bakersfield

Linda Hinojosa, RN
Community Representative, 1st District

Barbara Patrick
Community Representative, 4th District

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Kern Family Health Care™